

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin



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GUY P. JONES
EDITOR

To Keep Beaches Clean.

The city manager of Long Beach believes that keeping the beaches clean during the bathing season is a most important procedure. The city street sweeping crew has recently been assigned to the shore line and all debris has been gathered and burned or otherwise disposed of. Three men will be stationed on the beach during the summer for the purpose of maintaining a high standard of sanitation. Last season this work was divided between the life guards and city prisoners but the results were not entirely satisfactory. It is planned this year to establish small incinerators at convenient locations for the quick disposal of wastes that may accumulate on the beach. Other ocean shore resort cities may well profit by the example that Long Beach is setting in providing for the health and comfort of summer tourists.



Artificial Color and Flavor Must Be Declared.

Soft drink dispensers are required to display signs in their establishments indicating that they use artificial color and flavor in their drinks, if such is the case. In addition, they are required to indicate the use of artificial flavor and color on the menu card at the tables in their places of business. When ice cream, sundaes or drinks are served at tables a menu must be on each table and each article that is artificially colored or flavored must be so indicated with a note in brackets directly beneath the name of the product on the menu. Carelessness about these details has brought many dispensers to grief.

Public Health Is Real Business.

The monetary value of good health is often overlooked. To be sure there are other benefits much more to be desired but nevertheless, good health is good business. In some parts of the country banks will not lend money to an applicant in the rural districts unless he has a sanitary privy at his home and unless his family has been vaccinated against smallpox and typhoid fever. Many business firms will not employ any individual unless he can furnish a certificate of good health. Many sales organizations have turned down applicants for positions on their staffs because of decayed teeth. Many salesmen have lost positions because of offensive breath due to decayed teeth or other correctable defects. It is almost impossible for any individual who presents an unclean personal appearance to obtain employment in any mercantile or clerical line. Good health, both public and personal, pays profits.



Pasteurizing Milk Saves Lives.

Since the California milk law went into effect in 1915 very few cases of milk-borne diseases have been reported. Outbreaks of typhoid fever, due to the use of contaminated milk, are now almost unheard of in California. Before the milk pasteurization law went into effect such outbreaks were of common occurrence. The women of California are largely responsible for this law by which so many human lives are saved each year. The people of California owe a tremendous debt to the women who are responsible for writing this act on the statute books.

Limitations of Wassermann Test.

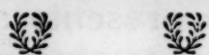
The Wassermann is not a specific test and it is not known what may be the substance in the serum which causes the production of a positive reaction. It is becoming more and more suggestive that a certain drug, that some of the acute infectious processes, and also that certain metabolic disturbances can at times produce a change in the serum which will cause a positive reaction. Thus the Wassermann test has very definite limitations, and in the diagnosis it should be considered a symptom and should be impartially weighed along with the other clinical evidence. In the opinion of Albert Strickler, M.D., published in the Journal of the American Medical Association, the following should constitute the status of the clinical value of the Wassermann reaction as a diagnostic measure:

1. A negative Wassermann test in the presence of definite syphilitic lesions is a possibility in a certain stage of the disease.

2. A positive Wassermann test in the presence of nonsyphilitic disease should not always mean syphilis. It should, however, arouse suspicion to study the patient from every possible angle in an endeavor to explain this positive reaction.

3. While a strong positive reaction in a subject who is not ill, should cause investigation, nevertheless, too great stress is not to be put on it, unless this finding is confirmed by a number of reliable laboratories.

In concluding, Dr. Strickler again exhorts the physician not to rely upon the positive Wassermann alone, but to consider all the symptoms.



Submitting Sanitary Engineering Plans to State Boards of Health.

The importance of installing adequate and efficient plants for the disposal of municipal wastes and for the provision of potable water supplies is unquestioned. The submission of plans for such institutions to state boards of health for approval is almost universal. Of this procedure the editor of "Water Works" says:

"We believe that most sanitary engineers, as well as sanitarians generally, approve of the policy of giving to state boards of health a considerable control over sewerage and water supply systems throughout their states. The men in charge of state boards and their engineers are only human, and may sometimes use poor judgment in making their decisions,

be overcautious in preventing the trial of new ideas or exert their powers in matters that do not affect health. But there will be few or none, we believe, to dispute the statement that the general result of state health board control has been of great benefit to the health of the nation.

Sanitary engineers and public officials should therefore give their hearty cooperation to their state health boards, complying with all the regulations, and criticizing only constructively and with a view to improving the service rendered by the board rather than to embarrassing it. This is desirable if only as a matter of policy, since the state board has the authority of the state behind it and can generally enforce its rulings or seriously inconvenience a municipality or company that refuses to act in accordance with them.

Many misunderstandings and hard feelings have resulted because municipal officials have been ignorant of the fact that a state board must be consulted in matters pertaining to water works or sewerage. Even engineers have been known to be ignorant of this, while others assume that they are under no obligations in such matter until receiving direct orders from the board."



Whooping Cough Is Serious Disease.

Whooping cough is one of the most serious of the communicable diseases and it often leaves after-effects that may be extremely disastrous in later life. The health officer of Banning is active in securing closer observance of the laws and regulations relating to the control of this disease. In the Banning Record, under "health department news," the following was published recently:

"It is imperative that all cases of whooping cough be reported to the city health officer, whether or not a doctor may be in attendance. This is required by law, in order to protect those of tender age and to prevent the spread of disease.

Contrary to current reports, there are only three cases of whooping cough at the present time, and there is little danger of spreading the disease if cases suspected are reported early.

Whooping cough is infectious by contact and in the early stage of coughing can be given to others. Therefore, be suspicious of any persistent cough and guard against all unnecessary exposure to children who have not had whooping cough.

Do not forget to report to the city health officer."

What Public Health Has Done For California.

The spectacular reduction in the tuberculosis, typhoid and infant mortality rates show definitely the progress that has been made in the promotion of public health in California. The reduction in the typhoid mortality rate is a matter of common knowledge; in fact, typhoid has become so rare that the American Medical Association has frequently referred to it as a vanishing disease, and so seldom has it occurred in some sections of California that no inconsiderable number of practitioners have never been afforded the opportunity of seeing cases of typhoid in their practices. If the same typhoid fever death rate that prevailed in California in 1906 had prevailed in 1921, there would have been 1159 deaths from this disease instead of the 147 that actually occurred. This reduction represents the saving of no less than 8000 lives in California since 1906. Notwithstanding the fact that this state has vastly greater difficulty in providing pure water for the use of its citizens, there are but three other states in the union having lower typhoid fever mortality rates.

The tuberculosis mortality rate has been reduced from 235.7 per hundred thousand in 1906 to 151.2 per hundred thousand in 1921. This represents a saving of no less than 14,000 lives during this period. Our statistics show that more than ten per cent of all deaths from tuberculosis in California are of persons who have lived in the state less than one year. In spite of the continued and persistent migration of tuberculosis patients to California, this excellent record has been achieved.

The California infant mortality rate in 1906 was 228. In 1921 the same rate was 66.8. This means that in 1921 there were but 66 deaths of infants under one year of age in California to every one thousand live births. The State of Washington is the only other state in the Union having a lower infant mortality rate than California. If all eastern infants could be brought to this state until this dangerous period of their lives were passed, the results in national live-saving would be most astounding.

The saving of these thousands of lives also shows that the average human life in California has definitely lengthened during the past decade. This extension in longevity is greater for California than is the extension in longevity for the United States. Longevity is a valuable index to the public health of any state. In California it shows clearly that there are a large number of factors at work in the provision of more extensive pre-

ventive measures, in the improvement of living conditions, in the development of community interest and spirit, and in the provision of better facilities for the promotion of general public health. California public health authorities can point with pardonable pride to the accomplishments of the past decade. The results achieved indicate that still greater accomplishments may be expected in the decade to come.

Mosquito Season Is Open; Go Get 'Em.

The annual question arises—"Have you a little mosquito in your home?"

Those who have lived in this community, excepting those who live in the vicinity of a slough or stream, seem inclined to believe that mosquitoes are becoming fewer and fewer year by year. This seems to point to the conclusion that with intensive measures this miserable pest might be virtually eliminated. The mosquito, they tell us, was virtually stamped out in the Canal Zone, by the federal health service. Why could it not be here?

Probably no such united effort as would be required to exterminate the mosquito could be organized, outside of a government health or war department, but much can be done by individuals to lessen the number of mosquitoes.

Every citizen should be careful—and this is the time of year to exercise the greatest care—that there are no stagnant pools of water about his home. Every effort should be made to rid marshy districts of pools in which mosquitoes would be likely to breed.

If low places are drained or filled in there is no chance for mosquitoes to breed. If draining is found impracticable, the surface of the water should be covered with crude oil. This will prevent the "wigglers" from developing into adult mosquitoes.

If every citizen would interest himself—or herself—sufficiently to carry out these suggestions, it would not be many seasons before the mosquito would be virtually eliminated as a pest and menace to health and happiness. There may be no united campaign put on, but if individuals will resolve to do their share much good can be accomplished.—Hanford Journal.

An electric toothbrush has been invented in America. This, of course, does away with the old custom of sending one's teeth to the local power station to get them charged.—Dental Practitioner.

MORBIDITY.**Smallpox.**

The number of cases of smallpox reported to date for the week ending June 10th is 37. These cases are distributed as follows: Bakersfield 1, Chico 1, Fullerton 1, Hayward 3, Imperial County 2, Kern County 3, Livermore 5, San Benito County 7, San Francisco 2, San Jose 10, Santa Clara 1, Stockton 1.

Typhoid.

Sixteen cases of typhoid fever were reported for the week ending June 10th. Five of these cases were reported from San Joaquin County, two from Banning and one from each of the following localities: Petaluma, Imperial County, San Francisco, San Fernando, Fresno County, Riverside City, Oakland, Sanger, Calexico.

Cerebrospinal Meningitis.

San Francisco reported one case of this disease last week.

Epidemic Encephalitis.

Two cases of epidemic encephalitis were reported last week, one from Santa Clara County and one from San Francisco.

Botulism.

San Luis Obispo County reported one case of botulism last week. The source of this infection was found to be home canned string beans. The portion of the beans which were not eaten were thrown to the chickens, thirty of which died after eating the beans.

LIST OF DISEASES REPORTABLE BY LAW.

ANTHRAX	MEASLES
BERI-BERI	MUMPS
BOTULISM	OPHTHALMIA NEONATORUM
CEREBROSPINAL MENINGITIS (Epidemic)	PARATYPHOID FEVER
CHICKENPOX	PELLAGRA
CHOLERA, ASIATIC	PLAGUE
DENGUE	PNEUMONIA
DIPHTHERIA	POLIOMYELITIS
DYSENTERY	RABIES
ENCEPHALITIS (Epidemic)	ROCKY MOUNTAIN SPOTTED (or Tick) FEVER
ERYSIPELAS	SCARLET FEVER
FLUKES	SMALLPOX
FOOD POISONING	SYPHILIS*
GERMAN MEASLES	TETANUS
GLANDERS	TRACHOMA
GONOCOCCUS INFECTION*	TUBERCULOSIS
HOOKWORM	TYPHOID FEVER
INFLUENZA	TYPHUS FEVER
LEPROSY	WHOOPING COUGH
MALARIA	YELLOW FEVER

*Reported by office number. Name and address not required.

QUARANTINABLE DISEASES.

CEREBROSPINAL MENINGITIS (Epidemic)	POLIOMYELITIS
CHOLERA, ASIATIC	SCARLET FEVER
DIPHTHERIA	SMALLPOX
ENCEPHALITIS (Epidemic)	TYPHOID FEVER
LEPROSY	TYPHUS FEVER
PLAGUE	YELLOW FEVER

Section 16, Public Health Act. All physicians, nurses, clergymen, attendants, owners, proprietors, managers, employees, and persons living in or visiting any sick person in any hotel, lodging house, house, building, office, structure, or other place where any person shall be ill of any infectious, contagious, or communicable disease, shall promptly report such fact to the county, city and county, city, or other local health board or health officer, together with the name of the person, if known, and place where such person is confined, and nature of the disease, if known.

COMMUNICABLE DISEASE REPORTS.

Disease	1922				1921			
	Week ending			Reports for week ending June 10 received by June 13	Week ending			Reports for week ending June 11 received by June 15
	May 20	May 27	June 3		May 21	May 28	June 4	
Anthrax.....	0	0	0	0	0	0	0	0
Botulism.....	0	1	0	1	0	0	0	0
Cerebrospinal Meningitis.....	1	2	4	1	2	1	2	6
Chickenpox.....	164	165	190	131	173	232	199	185
Diphtheria.....	118	117	154	112	141	163	149	171
Dysentery (Bacillary).....	0	0	5	3	4	1	4	3
Epidemic Encephalitis.....	2	4	2	2	2	1	2	5
Gonorrhoea.....	60	55	118	43	67	110	73	80
Influenza.....	21	24	17	9	39	25	14	21
Leprosy.....	0	0	1	0	0	1	0	1
Malaria.....	4	0	3	2	4	5	8	2
Measles.....	33	45	47	37	489	420	330	310
Mumps.....	74	53	68	32	172	273	208	197
Pneumonia.....	77	72	103	39	53	52	80	53
Poliomyelitis.....	2	0	2	0	0	4	3	1
Scarlet Fever.....	130	115	102	69	138	125	91	80
Smallpox.....	38	36	31	37	74	110	97	83
Syphilis.....	113	72	78	27	47	78	78	116
Tuberculosis.....	206	178	244	81	177	169	120	171
Typhoid Fever.....	22	11	15	16	19	9	10	20
Whooping Cough.....	93	81	103	76	77	62	90	82